



**State of Maine
Bureau of Insurance
APPLICATION FOR CONSULTANT LICENSE**

**Note: Be sure to complete the entire application or it will not be processed.
Do not leave any fields blank. Please print or type clearly.**

For Bureau Use Only
LIC#:

License Requested

<input type="checkbox"/> Resident License <input type="checkbox"/> Non-Resident License	Line of Authority: <input type="checkbox"/> Life/Health <input type="checkbox"/> Property/Casualty	* Payment Must Be Submitted with All Applications *			
		Total Due	License Fee	Application Fee	Total Due
		Resident	\$50	\$25	\$75
		Nonresident	\$100		\$125

Demographic Information

1. Full Legal Name		2. SSN		3. Date of Birth	
4. Phone Number		5. Email address			
6. Individual Home Address					
7. Business Address					
8. Business Name		9. Business Phone		10. Business Web Address	
11. Designated Mailing Address – for communications from the Maine Bureau of Insurance, please indicate preferred mailing address:					
<input type="checkbox"/> Home Address (#6)		<input type="checkbox"/> Alternate Address (please provide): _____			
<input type="checkbox"/> Business Address (#7)		_____			
12. Are you a citizen of the United States?					
<input type="checkbox"/> Yes					
<input type="checkbox"/> No – if no, country of citizenship: _____ and provide proof of eligibility to work in the U.S.					

Background Questions

Please read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

NOTE: For Questions 1a, 1b, and 1c “**Convicted**” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere or no contest, or having been given probation, a suspended sentence, or a fine.

<p>1a. Have you ever been convicted of a misdemeanor, had a judgment withheld or deferred or are you currently charged with, committing a misdemeanor? You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license.</p> <p style="padding-left: 20px;">You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in juvenile court.)</p> <p>1b. Have you ever been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony? You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court.)</p> <p>If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033?</p> <p>If so, was consent granted? (Attach copy of 1033 consent approved by home state.)</p> <p>1c. Have you been convicted of a military offense, had a judgment withheld or deferred, or are you currently charged with committing a military offense?</p> <p><u>If you answer yes to any of these questions, you must attach to this application:</u></p> <ol style="list-style-type: none"> i. a written statement explaining the circumstances of each incident; ii. a copy of the charging document; and iii. a copy of the official document which demonstrates the resolution of the charges or any final judgment. 	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>2. Have you ever been named or involved as a party in an administrative proceeding, including a FINRA sanction or arbitration proceeding regarding any professional or occupational license, or registration?</p> <p>“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license or registration. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.</p> <p>If you answer yes, you must attach to this application:</p> <ol style="list-style-type: none"> i. a written statement identifying the type of license and explaining the circumstances of each incident; ii. a copy of the Notice of Hearing or other document that states the charges and allegations; and iii. a copy of the official document which demonstrates the resolution of the charges or any final judgment. 	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others.</p> <p>If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?</p> <p>If you answer yes, identify the jurisdiction(s): _____</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>5. Are you currently a party to, or ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?</p> <p>If you answer yes, you must attach to this application:</p> <ol style="list-style-type: none"> i. a written statement summarizing the details of each incident, ii. a copy of the Petition, Complaint or other document that commenced the lawsuit arbitrations, or mediation proceedings; and iii. a copy of the official documents which demonstrates the resolution of the charges or any final judgment. 	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

<p>6. Have you or any business in which you are or were an owner, partner, officer, or director, or member or manager of a limited liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?</p> <p>If you answer yes, you must attach to this application:</p> <p>a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and</p> <p>b) copies of all relevant documents</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>7. Do you have a child support obligation in arrearage?</p> <p>If you answer yes,</p> <p>a) by how many months are you in arrearage? _____</p> <p>b) are you currently subject to and in compliance with any repayment agreement? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>c) are you the subject of a child support related subpoena/warrant? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(If you answered yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.)</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Applicant's Certification and Attestation
<p>The Applicant must read the following very carefully:</p> <ol style="list-style-type: none"> 1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties. 2. I further certify that I grant permission to the Maine Superintendent of Insurance verify information with any federal, state or local government agency, current or former employer, or insurance company. 3. I further certify that, under penalty of perjury, a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application. 4. I authorize the Maine Bureau of Insurance to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information. 5. I acknowledge that I understand and will comply with the insurance laws of the State of Maine. 6. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from Maine. 7. I hereby certify that upon request, I will furnish to the State of Maine certified copies of any documents attached to this application or requested by the jurisdiction(s). <div style="text-align: right; margin-top: 20px;"> <p>_____</p> <p style="text-align: right;">Month/Day/Year</p> <p>_____</p> <p style="text-align: right;">Applicant Signature</p> <p>_____</p> <p style="text-align: right;">Full Legal Name (Printed or Typed)</p> </div>

**Complete the entire application or it will not be processed.
Do not leave any fields blank. Please print or type clearly.**

Payment Information

- By Check: Make all checks payable to: **Treasurer State of Maine**
- Credit card: please complete the credit card authorization form found on our website at: [Individuals | PFR Insurance \(maine.gov\)](#).

* Payment Must Be Submitted with All Applications *			
Total Due	License Fee	Application Fee	Total Due
Resident	\$50	\$25	\$75
Nonresident	\$100		\$125

Reporting Obligations: Maine law requires notification to the Superintendent within 30 days of: changes in address, telephone number, name, or other material change in the condition or qualifications set forth in the original application. This requirement includes disciplinary actions taken against any insurance license or any criminal conviction other than a traffic violation. Failure to notify the Superintendent within 30 days may result in the automatic levying of a late fee penalty in accordance with Title 24-A M.R.S. § 1419.

Return application and fees to:

For US Postal Service deliveries including overnight express:

Bureau of Insurance
34 State House Station
Augusta, ME 04333-0034

For private deliveries such as FedEx and UPS:

Bureau of Insurance
76 Northern Ave
Gardiner, ME 04345-2832

Send via email: insurance.pfr@maine.gov

Or send via fax: (207) 624-8599

Questions? Contact us at:

Phone: (207) 624-8475

E-mail us at: Insurance.pfr@maine.gov

Website: www.maine.gov/pfr/insurance/home

MAINE INSURANCE CONSULTANT'S LICENSE BOND

BOND # _____

KNOW ALL PERSONS BY THESE PRESENTS

THAT _____
(Name of Insurance Consultant)

of _____ as Principal, and

_____ of _____
(Name of Surety Company) (Place of Business)

as Surety, are held and firmly bound unto the State of Maine, as Obligee in the sum of

_____ to the payment of which we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

The condition of this obligation is such that if the above named Principal, who has been licensed as an Insurance Consultant in accordance with Title 24-A M.R.S. Chapter 16, Subchapter 5 and obtained this bond pursuant to 24-A M.R.S. § 1464, complies with all the requirements of the Maine Insurance Code and all rules and regulations promulgated thereunder, then this obligation will be null and void. The bond shall indemnify any person damaged by any fraudulent act or conduct of the Principal in a transaction under his or her license, and shall likewise be conditioned upon faithful accounting and application of all moneys coming into the Principal's possession in connection with his or her activities as such a licensee.

This bond shall be continuous in nature and remain in force until the Surety is released from liability by the Superintendent of Insurance or until cancelled by the surety. Without prejudice to any prior liability accrued, the Surety may cancel this bond upon 30 days' advance written notice to the Consultant and the Superintendent.

Pursuant to Title 24-A M.R.S. § 3105, either (1) a power of attorney form authorizing the Surety to issue this bond amendment/cancellation is attached thereto; or (2) this bond has been issued by a corporate officer of the Surety authorized to issue bonds, and a resolution of the Board of Directors of the Surety is attached or is on file with the Superintendent of Insurance evidencing the officer's authority to issue bonds.

Signed, Sealed and Dated this _____ Day of _____ 20____

Witnessed:

(Must be signed by witness)

(Signature of Insurance Consultant)

(Name of Surety Company)

BY: _____ Seal